

CLAIMS ONLY				Application Number <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace; font-size: 1.2em;">101743708</div>		Filing Date <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	
				Applicant(s) <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>			
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*
	Indep	Depend	Indep	Depend	Indep	Depend	*
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Total Indep							
Total Depend							
Total Claims							

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
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Total Indep	3					
Total Depend	18					
Total Claims	21					

* May be used for additional claims or amendments			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						